



## JUVENILE REHABILITATION ADMINISTRATION (JRA)

## TREATMENT SUMMARY

YOUTH'S NAME	DATE OF BIRTH	JRA NUMBER	REPORT DATE
YOUTH LOCATION/LIVING UNIT	CASE MANAGER'S NAME	SUPERVISOR'S NAME	
Treatment Hierarchy is unchanged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Motivation and Engagement</b>			
Was this youth motivated and engaged during this treatment period? <input type="checkbox"/> Yes <input type="checkbox"/> Intermittently <input type="checkbox"/> No			
If "No" or "Intermittently," what strategies were used to motivate and engage this youth?			
Please provide a summary of the success of these strategies.			
<b>Target Behavior</b>			
TARGET BEHAVIOR	HIERARCHY RANK <b>Please Select</b>	DATE	
Interventions for addressing target behavior:			
OVERARCHING SKILL AREA	SPECIFIC SKILL	DATE	
<b>Please Select</b>			
<b>Please Select</b>			
<b>Please Select</b>			
Summarize the youth's skills progress and response to staff interventions in addressing this target behavior.			
<b>Target Behavior</b>			
TARGET BEHAVIOR	HIERARCHY RANK <b>Please Select</b>	DATE	
Interventions for addressing target behavior:			
OVERARCHING SKILL AREA	SPECIFIC SKILL	DATE	
<b>Please Select</b>			
<b>Please Select</b>			
<b>Please Select</b>			
Summarize the youth's skills progress and response to staff interventions in addressing this target behavior.			
<b>Generalized Treatment (Education/Vocation/Restitution)</b>			
Summarize other generalized treatment (education, vocation, restitution owed and plan for payment).			
<b>Specialized Treatment</b>			
Summarize the planning for specialized treatment areas (Sex Offender, substance abuse, mental health) during the reporting period (if applicable).			
<b>Transition Issues</b>			
Summarize the current transition planning for this youth (may include step-down programs within or between institutional settings, planned transition to minimum security facility placement, and/or planning in preparation for parole).			
Transition Plan:			

Date:

**Family**

Please identify status and participation level of family:

- ☐ Family is motivated and engaged to participate in youth's treatment.
- ☐ Family requires more intervention in order to engage them in youth's treatment.
- ☐ Youth does not have identified family or support network.
- ☐ Unable to contact family.

Explain plan to engage family in youth's treatment:

The Treatment Summary is a collaborative report that is drafted by the assigned case manager, reviewed in a multidisciplinary setting, and finalized by a supervisor or program manager. This report is based on all relevant records and information available and known to JRA at the time of this report.

If more than two target behaviors and their associated skills, attach Additional Target Behaviors and Skills second sheet.

**Report Contributors:**

CASE MANAGER	DATE	SUPERVISOR	DATE
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